

Reply to: N-terminal pro brain natriuretic peptide in coronary artery disease



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In response to the letter by Professor Sim Sai Tin, we agree that the clinical usefulness of NT-proBNP has been widely discussed. Dr. Sim Sai Tin mentions the report by Ranjith et al. [1] on the usefulness of this biomarker in which the authors suggest that “NT-proBNP should be included in the risk assessment of ACS to provide guidance for further therapeutic strategies”. I would first like to state that the discussion of related subjects from various centers is mandatory and that multiple perspectives and the study of diverse demographics add to the enrichment of medical knowledge. Furthermore, our study was different to the one conducted by Ranjith et al. in several ways. First, our study populations were dissimilar. Our patients comprised those with unstable angina (48.48%; 64 patients) and NSTEMI (34.8%; 46 patients) while patients with STEMI represented only 16.6% (22 patients). On the other hand, most of the patients in the study by Ranjith et al. had STEMI (71%; 142 patients). Second, we performed serial assessments of NT-proBNP on admission and after cardiac catheterization; while Ranjith et al. assessed NT-proBNP only on admission. Third, coronary angiography was conducted on all patients in our study and

we assessed the severity of coronary artery lesion, while Ranjith et al. conducted the same on only a small percentage (21% of his patients). And finally, most of our patients were treated by revascularization either by percutaneous coronary intervention (PCI) or surgical revascularization in addition to medical treatment, while the patients in the study by Ranjith et al. were treated medically in most cases, with cardiac catheterization performed on only 21% of their patients. Finally, our study concluded that NT-proBNP is not only a prognostic marker for complications and poor prognosis in acute coronary syndrome, but that it can also predict the severity of coronary artery stenosis and the number of vessels affected [2].

Written by Abdelhakem Selem Elsayed.

References

- [1] Ranjith N, Pegoraro RJ, Naidoo DP, Esterhuizen TM. Prognostic value of N-terminal-pro-brain natriuretic peptide measurements in patients with acute coronary syndromes. *Cardiovasc J S Afr* 2006;17(2):60–6.
- [2] Radwan H, Selem A, Ghazal K. Value of N-terminal pro brain natriuretic peptide in predicting prognosis and severity of coronary artery disease in acute coronary syndrome. *J Saudi Heart Assoc* 2014;26(4):1–8.

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